L11000113389

(Re	equestor's Name)				
(Ac	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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JUN 1.1 2014

C. CARROTHER.



COVER LETTER

Division of Corporations		
John Shoffner Painting LLC SUBJECT:		
	ted Liability Con	трапу)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to:	
John Shoffner		_
(Contact Person)		
John Shoffner Painting LLC		
(Firm/Company)		_
5497 Goodwin Rd		_
(Address)		
Crestview, FL 32539		
(City/State and Zip Code)		
For further information concerning this matte	r, please call:	
Russel Byers	850 at (6826712
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	n Shoffner Painting LLC		
	_	signed to this limited liability o	ompany is:
L1100011338	9	<u> </u>	
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resign is	20 May 2014
4. I, Daniel Foley (Print Name of Person Resigning), hereby withdraw/resign as a			
MGRM	ame oj Ferson Kesigning)		
	(Print Title)		
of this limited lia resignation in wr	• • •	e limited liability company has	been notified of my
Danlof	issociating Member or Resig		
Signature of D	issobiating Member or Resign	ning Manager	三 三 三
	\$25.00 (Required) \$30.00 (Optional)		MAY 27 PM 2